## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/594884 APPLICANT(S)

FILING DATE

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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CLAIMS			8			

PTO - 1360 (REV. 11/04)

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TOTAL IND.		+		+		+
TOTAL DEP.		<b>-</b>		•		<b>4</b>
TOTAL		•				***
CLAIMS		US DEPAR				15.00

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